

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4264

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2106 S. 11th St. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME FRANK STUPKA 312

3. (b) If veteran, name war nil 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Stupka 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 21, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>9</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Matt Stupka

13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

14. Maiden name Marie Kriz

15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Stupka
 (b) Address 2106 S. 11th St.

17. (a) Burial (b) Date thereof May 14-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Old SS, Peter & Paul

18. (a) Signature of funeral director H. B. Moynell
 (b) Address 1926 Allen Ave.

19. (a) MAY 13 1940 (b) [Signature]
(Date of death) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 2106 S. 11th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
 year 1940 hour 8 minute :00 P.M.

21. I hereby certify that I attended the deceased from June 8, 1940 to May 11, 1940
 that I last saw him alive on May 11, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism 1 day
Duration

Due to Langrene of foot
Heart and kidneys June
 Due to Calcium Arteriosclerosis 1938

Other conditions Cardiohypertrophy
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) MD
 Address 2767 Grand Date signed 5-13-40

WHILE PRINTING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1-1931

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Benj. C. Burman*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.